

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
 BUREAU FOR CHILDREN AND FAMILIES  
 OFFICE OF OPERATIONS  
 DIVISION OF GRANTS AND CONTRACTS

350 CAPITOL STREET, ROOM 730  
 CHARLESTON, WEST VIRGINIA 25301

GRANT APPLICATION COVER SHEET      **Government Agency**

Date Submitted:

**A. GENERAL INFORMATION:**

Agency Legal Name:	FEIN:
Program Name:	DUNS:
Mailing Address (where to mail official documents):	Telephone:
	Fax Number:
	Contact Person:
Physical Address:	
	E-Mail Address:

**COUNTIES SERVED:**

**B. REQUIRED ATTACHMENTS: *Please check to show attached.***

**STAFF CAPABILITY:** *Job descriptions for all positions paid from this grant must be attached.*

**AUTHORIZED SIGNATURE(S):** *An Authorized Signature Form must be completed and submitted, indicating which staff person(s) and board member(s) are authorized to sign official documents, such as grants, invoices, checks, etc. Original must be submitted, and signed with **BLUE INK.***

**LINE ITEM BUDGET:** *Original signed detailed line item budget of projected expenditures on the Department's standardized Budget Form. ( faxed or scanned signatures are acceptable)*

**BUDGET NARRATIVE:** *Written description summarizing costs charged to the grant.*

**SUBRECIPIENT GRANTEE INFORMATION FORM – WV DHHR FINANCE A-1000:** *Complete and sign form (faxed or scanned signatures are acceptable)*  
**(NOTE: BLOCK 4 ON THE A-1000 FORM MUST MATCH THE PHYSICAL ADDRESS IN SAM, including the four-digit zip code extension.)**

**SYSTEM FOR AWARD MANAGEMENT (SAM) REGISTRATION:** *Expiration date must be at least sixty days after the grant start date.*  
*Example: Grant Start Date July 1, SAM expiration date must be August 31 or later.*

X

Grantee Signature	Date	<b>FOR BCF USE ONLY</b>	
X			
Print Name	Title	Grants Signature	Date Approved